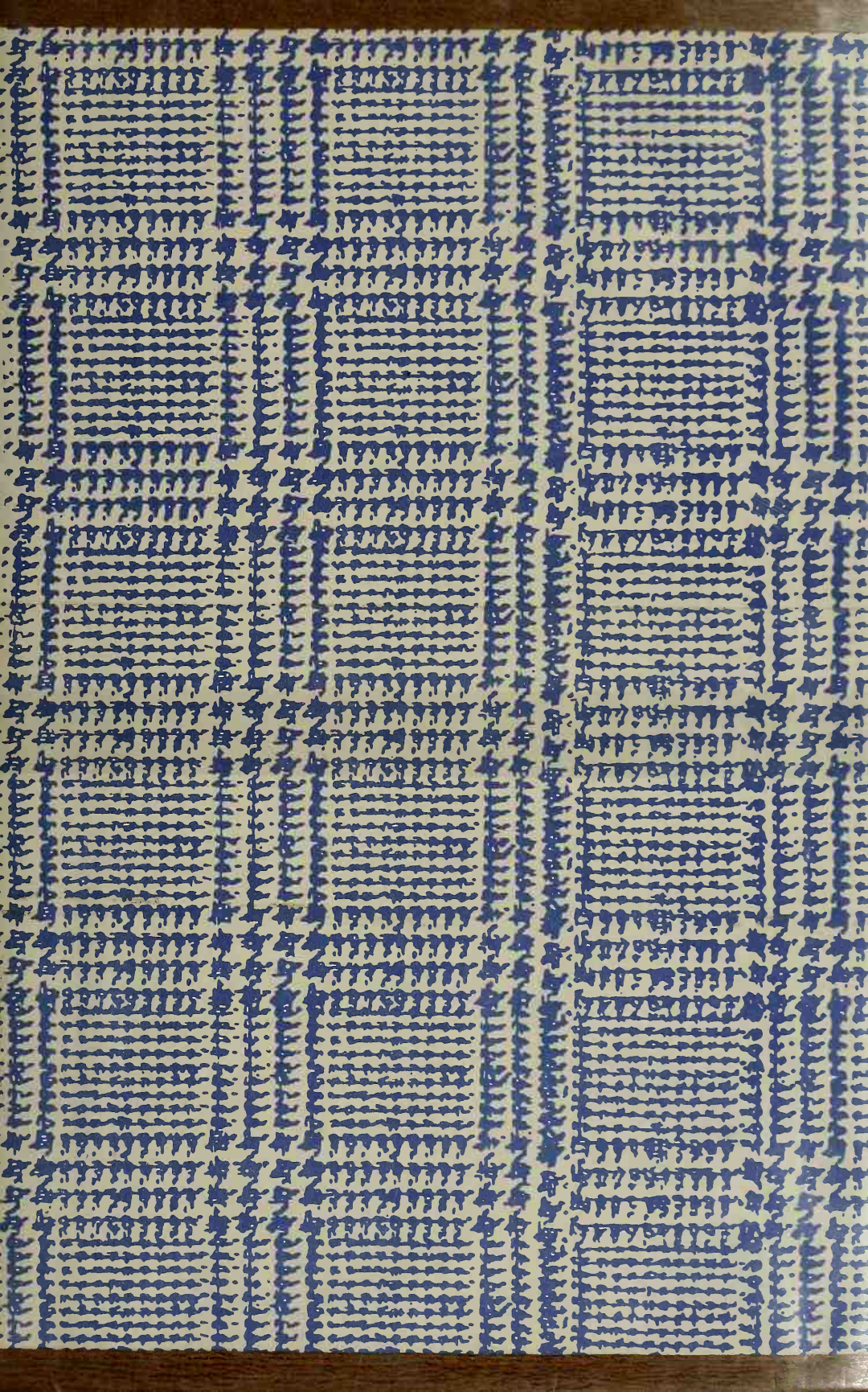

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THE NEWS LETTER

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Number 46 NEW YORK, N. Y. April, 1924

The semi-annual meeting of the Board of Directors of the National Committee for the Prevention of Blindness was held in the offices of the Committee April 3, 1924. The following officers were elected for the ensuing year: President, Hon. William Fellowes Morgan; First Vice-President, Dr. F. Park Lewis; Second Vice-President, Miss Louisa Lee Schuyler; Executive Committee, Dr. Ellice M. Alger, Mr. Carl A. de Gersdorff, Mr. John M. Glenn, Dr. F. Park Lewis, Mr. Preston S. Millar, Miss Louisa Lee Schuyler, Mr. Edward M. Van Cleve.

MAY DAY

The first day of May—May Day—is to be known as Children's Day throughout the land. Numerous organizations, among them the National Committee for the Prevention of Blindness, are cooperating with the American Child Health Association to make it a day of happiness and health for America's children. In preparation for this event the American Child Health Association has issued a most attractive booklet on "May Day Festivals," "The First of May is Every Child's Day," and "A Plan Book for May Day." These will prove of great assistance to those looking for the best ideas for Children's Day.

NEWS OF THE JUNIOR COMMITTEE

Typical of the interest girls and boys are taking in health education is a request received by the Junior Committee from the fourteen-year-old secretary of the Cleveland School Health League, Newark, N. J., for a lecture on sight saving before two large assemblies of the school. The Committee is encouraged by the enthusiastic response from children to continue its talks to student bodies and other young groups.

At the April meeting of the National Health Council the National Committee for the Prevention of Blindness was elected to active membership. The Committee had been for some time an associate member.

COURSE FOR TEACHERS IN TRAINING FOR CONSERVATION OF VISION CLASSES

A special course of training to prepare teachers of Sight Conservation Classes will be given at the summer session of Peabody College, Nashville, Tenn. The course will open June 9th and continue for six weeks. The first two weeks will be devoted to lectures covering the theory of teaching children with seriously defective vision; the last four weeks to observation and practice work in a demonstration class. The lectures will be conducted by Mrs. Winifred Hathaway, Secretary of the National Committee for the Prevention of Blindness; the demonstration class will be in charge of Miss Alice M. Burdge, who has had wide experience in every phase of sight saving class work. Within a very short time sight conservation classes will be established in many southern states. This course offers an excellent opportunity to the teaching force of the south to obtain the necessary preparation for making such classes a success.

Particulars may be obtained from Mr. I. S. Wampler, Superintendent of the Tennessee School for the Blind, Nashville, Tenn.

RESEARCH

The National Committee for the Prevention of Blindness is undertaking, in co-operation with a number of other organizations, a study of eye examinations of school children with a view to standardizing methods of making examinations and methods of recording them. Dr. Thomas D. Wood, Chairman of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, is acting as Chairman of the newly appointed Committee; the other members are: Dr. George T. Palmer, American Child Health Association; Dr. Taliaferro Clark, representing the Surgeon General of the United States; Dr. Louis W. Schwartz, Alternate; Dr. N. L. Engelhardt, professor of Educational Administration, Teachers College, Columbia University; Dr. Ellice Alger, ophthalmologist, representing the National Committee for the Prevention of Blindness.

A second study is being initiated by the American Social Hygiene Association and the National Committee for the Prevention of Blindness to ascertain the relationship between venereal diseases and eye diseases. The first step (now in progress) is the listing of a bibliography of material on this subject already available.

REVISION OF PUBLICATION NO. 9

Publication No. 9, issued by the National Committee for the Prevention of Blindness, Summary of State Laws and Rulings Relating to the Prevention of Blindness from Babies' Sore Eyes, has been revised to January, 1924. Since the previous issue, revised January, 1922, a number of changes have taken place:

Alabama has placed the reporting law on the birth certificate, together with the question as to whether or not prophylactic was used. Arizona has made ophthalmia neonatorum a reportable disease. Arkansas has made it compulsory for physicians and midwives to use a prophylactic, and has placed on the birth certificate the question whether or not it was used. Delaware has placed the same question on the birth certificate. The District of Columbia has placed the reporting law on the birth certificate, and mails to mothers literature on the subject when the report of the birth is received. Georgia now distributes free prophylactic outfits. Iowa has placed the question of the use of the prophylactic on the birth certificate. Missouri has changed the time within which births must be reported from ten days to forty-eight hours. New Hampshire distributes free prophylactic outfits. New Mexico has made the disease reportable; has empowered the Board of Health to secure attention for uncared-for cases; distributes free prophylactic outfits in some counties; requires physicians and midwives to use a prophylactic; and has placed the question of the use of prophylactic on the birth certificate. North Carolina distributes free prophylactic outfits. North Dakota distributes free prophylactic outfits. Tennessee has under consideration the distribution of free prophylactic outfits. Texas has placed the reporting law on the birth certificate, and requires physicians and midwives to use a prophylactic. Virginia has placed the question concerning the use of the prophylactic on the birth certificate. Wyoming has made the disease reportable; has empowered the Board of Health to take charge of uncared-for cases; has placed the reporting law on the birth certificate; requires physicians and midwives to use a prophy-

lactic; and has placed on the birth certificate the question as to whether or not it was used.

SUMMARY OF PROGRESS

From time to time THE NEWS LETTER has cited items of interest in regard to the decrease in blindness and defective vision. It may be interesting to its readers to have these summed up:

Baltimore and Chicago report no case of blindness from ophthalmia neonatorum during the year. Massachusetts reports no case of blindness from this cause for five years. Nashville, Tenn., reports no case of blindness for eleven years from ophthalmia neonatorum. Grand Rapids reports that there is no blind child of school age in the city. Cleveland reports that there is no blind child under three years of age in the city; that although the population of Cleveland has doubled within the last twelve years, the blind population has remained stationary. New Jersey was unable to find five blind children in the community—the number necessary to form a class for the blind in a public school.

There are now 180 sight conservation classes in the public schools of the United States. New York City has the largest number of classes—50.

Grand Rapids has established the first conservation of vision class in a parochial school.

Kentucky is the first state to provide for children with seriously defective vision in rural schools who cannot attend sight conservation classes. The State Legislature has appropriated a sum of money for large type books for the use of such children.

In 1910 in the public schools of New York City there were 20,915 cases of trachoma recorded; in 1920 the number had been reduced to 944; in 1922 there were 345 cases, all under treatment.

So great was the number of cases in the communicable stage in 1912 that, on September 26, two special classes were established in Public School No. 65, Manhattan, so that children suffering from the disease in the communicable stage might receive an education without risk to others. By March 25, 1918, the number of cases had decreased so that it was possible to disband one class. May 28, 1920, the need having passed, the second class was disbanded.

KENTUCKY

The bill introduced into the State Legislature authorizing the establishment of Sight Saving Classes in the public schools was passed unanimously by both houses. The prime mover in this

important measure was Miss Linda Neville, often called the "Messenger of Light of Kentucky," because of her untiring efforts to save sight. The bill was introduced into the House by William I. Moore, Republican from Clay County. When it was called, Representative Harry B. Miller, Democrat from Lexington, asked unanimous consent be given Miss Neville to speak on the measure; she made a brief argument, advocating its passage. When she had finished, several representatives indicated that they desired to ask questions. This was halted when Representative Rory Huntsman, Republican from Allen County, arose and said: "It would be a farce to question Miss Neville. Anything that she is for is honorable, and every one in the State knows it from Mills Point even to McCracken County." Thus are party lines forgotten when Linda Neville makes an appeal! Evidently she has opened other than physical eyes.

NEW YORK

A bill mentioned in the last issue of THE NEWS LETTER to amend the education law in relation to the appointment of a state specialist for the examination of the eyes and ears of school children has passed both houses of the Legislature without a dissenting vote. The bill is now before Governor Smith for signature.

MINNESOTA

The annual report of the State and County Agent for the Blind and the St. Louis County Association for the Blind shows very definite achievements in preventive work.

"Believing that elimination of eye trouble at the source is the most effective way of combating blindness, and thereby saving the sight of future generations, the agent has devoted approximately 50 per cent of her time during the past year to the work of prevention.

"It is felt that the results of this work will be cumulative in the years to come, but several definite accomplishments can be pointed to in the present year. Investigations made individually and in co-operation with other health agencies have led to:

"1. The establishing of Sight-Saving Classes in the public schools for the conservation of vision and the prevention of blindness.

"2. Ocular school supervision in several school districts where no provisions were formerly made.

"3. Trachoma surveys and clinics conducted by federal and state boards of health.

"The work has been further augmented by personal investigations of cases when necessary, and patients have been taken to doctors, clinics, or hospitals and follow-up work carried on.

"Distribution of literature and talks have also played an important part in the eradication of infectious and preventable eye diseases."

NEWS OF ARTICLES OF INTEREST

Are There Any Blind Black Babies? Kate Hubbard, *The Survey*, April 15, 1924. This article sums up the results of a survey in Mississippi made for the purpose of finding all negro blind children in the state so that educational advantages might be provided for them.

The results of the survey were surprising in the extreme. More than 200 physicians from all parts of the state answered the inquiry by letter, and of these, 170 wrote only to express their interest in the investigation and their astonishment at the fact that they did not know a blind negro child. All told, 30 cases of blindness were reported by the whole State, and in no case was there a report of blindness from infection at birth. In more than half the cases, however, the cause of the condition was not given.

"Whatever the detailed result, the big truth already is definitely established. There are practically no negro children in Mississippi who are blind as the result of a preventable infection at birth. In other words, in all the 418,481 educable negro children between five and twenty-one years of age, plus all those uncounted ones who are less than five years of age, in Mississippi less than 20 have been found who could possibly have been made blind by infection at birth. Not one of the blind negroes of all ages in Mississippi known to Dr. M. L. Batson, superintendent of the State Institution for the Blind, can attribute this affliction to infection at birth, while of the white children in the school—the only white group for which statistics are available—nearly 17 per cent were blinded by ophthalmia neonatorum.

"Nobody knows why this difference exists. Some doctors say that the negroes, through generations of contact with venereal diseases, have developed a kind of immunity which protects the new-born baby's eye from the ever-present sources of infection. Others scoff at that, and insist that it could not be so. Some one suggested that maybe the infected babies die, but the doctors all say that could not be true, for in that case the doctors would have heard about them. Anyhow, they will agree that the facts disclosed by this search for blind negro children are certainly not in harmony with the generally accepted theory concerning the cause of a large percentage of the cases of blindness in white children."

The First Year of the Sheppard-Towner Act, S. Josephine Baker, M.D., *The Survey*, April 15, 1924. In a very able article Dr. Baker sums up what the Sheppard-Towner Act means:

"The establishment of state-wide work for maternal and infant welfare in 41 states. The stimulation of public opinion as to the necessity for this type of work. Increased attention to the control of the practice of midwives. The organization of maternal and infant welfare centers. Increased co-operation from the medical profession. The state and community support of lay organizations. Increased employment of public health nurses. The stimulation of localities to match state funds and thereby solve their own maternity and infancy problems."

Diet and Disease, Graham Lusk, LL.D., *The American Journal of Public Health*, April, 1924. "It is perfectly true that if we eliminate certain vitamins from the diet, child welfare and presumably adult welfare is affected. I need only mention the *eye infection* and lack of appetite which follow the elimination from a diet of the vitamin A contained in butter fat; the general paralysis of the muscles called

beri-beri, which, together with loss of appetite, comes from the complete elimination of vitamin B found in yeast, orange juice, milk, green vegetables, or the bran of rice or wheat; *scurvy*, which ensues upon a too exclusive diet of cereals and is cured by vitamin C, contained in orange, lemon, and tomato juice, in potatoes and green vegetables; *rickets*, cured by an antirachitic vitamin sometimes called vitamin D, a component of cod-liver oil and in lesser degree of butter fat, cured also by sunlight and (it is said) by air through which ultra-violet rays have at one time passed; *pellagra*, said to be due to a diet containing imperfect proteins and cured, it is said, by giving milk."

The Results of Medical Inspection in Cleveland Public Schools. L. W. Childs, M.D., Supervisor of Health Education, Cleveland Public Schools. *The Nation's Health*, March 15, 1924. An article written in the form of questions and answers elucidating many points not clear to the layman.

"Sick children when placed under proper school environment in reference to light, fresh air, and rest, show better attendance than well children under ordinary school conditions."

Treat Your Eyes Right! E. J. Henryson, *Hygeia*, April, 1924. "A wag contemporary has said, 'You can't be optimistic with misty optics.'

"In reading or writing, keep your back to the light, that the light may be on the reading or writing surface, and not on the eyes. Use ample agreeable light. Glaring lights or dim lights tire the eyes. Hold the reading matter about fourteen inches from the eyes. Try to use only books and papers in which the print is large and clear. Small print or blurred print tires and strains the eye. Your eyes are human. If you tire and strain them, they will tire and strain you. Rest your eyes frequently. Your headache, neuralgia, nervousness, indigestion, that dizzy or tired feeling, may be warning signs of your eyes. Near and far sightedness, cross-eye, and astigmatism can often be corrected by properly fitted glasses. You do not get a college education in a kindergarten, nor properly fitted glasses in a ten-cent store. If your doctor advises glasses, get them—and use them. Never tamper with your eyes. You would not engage a blacksmith to repair your watch. Let your doctor treat your eyes; they are delicate mechanisms. You could buy a new watch, but you cannot see with a glass eye. Treat your eyes right!"

Physicians vs. Midwives. *Buffalo Sanitary Bulletin*, January 31, 1924. Ten Years ago—1913—Buffalo physicians attended 55.9 per cent and midwives 44.1 per cent of the total 11,867 births in that city. In 1918, physicians attended 64.3 per cent, midwives 35.7 per cent of the total 13,970 births. In 1923, physicians attended 81.06 per cent and midwives 18.94 per cent of the total 12,358 births.

"The increasing requirements from midwives as to ability, intelligence, knowledge of asepsis, sanitation, etc., together with supervision of their practice by authorities, are eliminating the objectionable ones."

The Training of Midwives. Janet M. Campbell, M.D., M.S., Report No. 21 on Public Health and Medical Subjects, published, 1923, by the Ministry of Health, Whitehall S.W. I, London, England. Of particular interest to state officers dealing with a difficult midwife problem. Gives a brief history of the midwife situation in England: the administration of the "Midwives' Act"; the course of training and the necessity for

extending this course. Several pages are devoted to conditions of training in France, Belgium, Germany, Denmark, Switzerland, and Holland.

Nature and Cause of Eye Injuries, Lewis H. Carris and Louis Resnick, Managing Director and Publicity Director of the National Committee for the Prevention of Blindness, *Safety Engineering*, March, 1924. The article is an extract from forthcoming publication of the National Committee for the Prevention of Blindness, "Eye Hazards in Industrial Occupations." Tables are given showing the industries in which 691 permanent injuries to the eyes occurred in Pennsylvania in one year.

"Eye injuries are common to nearly all industrial occupations—they form about 10 per cent of all injuries. Hand tools are the greatest single cause of injury."

The article sums up: "Until industry knows exactly where, when, how, and why eye accidents occur it will not be in a position to do justice to the existing opportunities for the elimination of such accidents, let alone develop new means of prevention. The keeping of detailed and accurate records of the nature, causes, and costs of eye injuries on the standard basis developed by the International Association of Industrial Accident Boards and Commissions is therefore recommended as the first step in any campaign for the prevention of eye accidents in the individual industrial plant or in any specific industry."

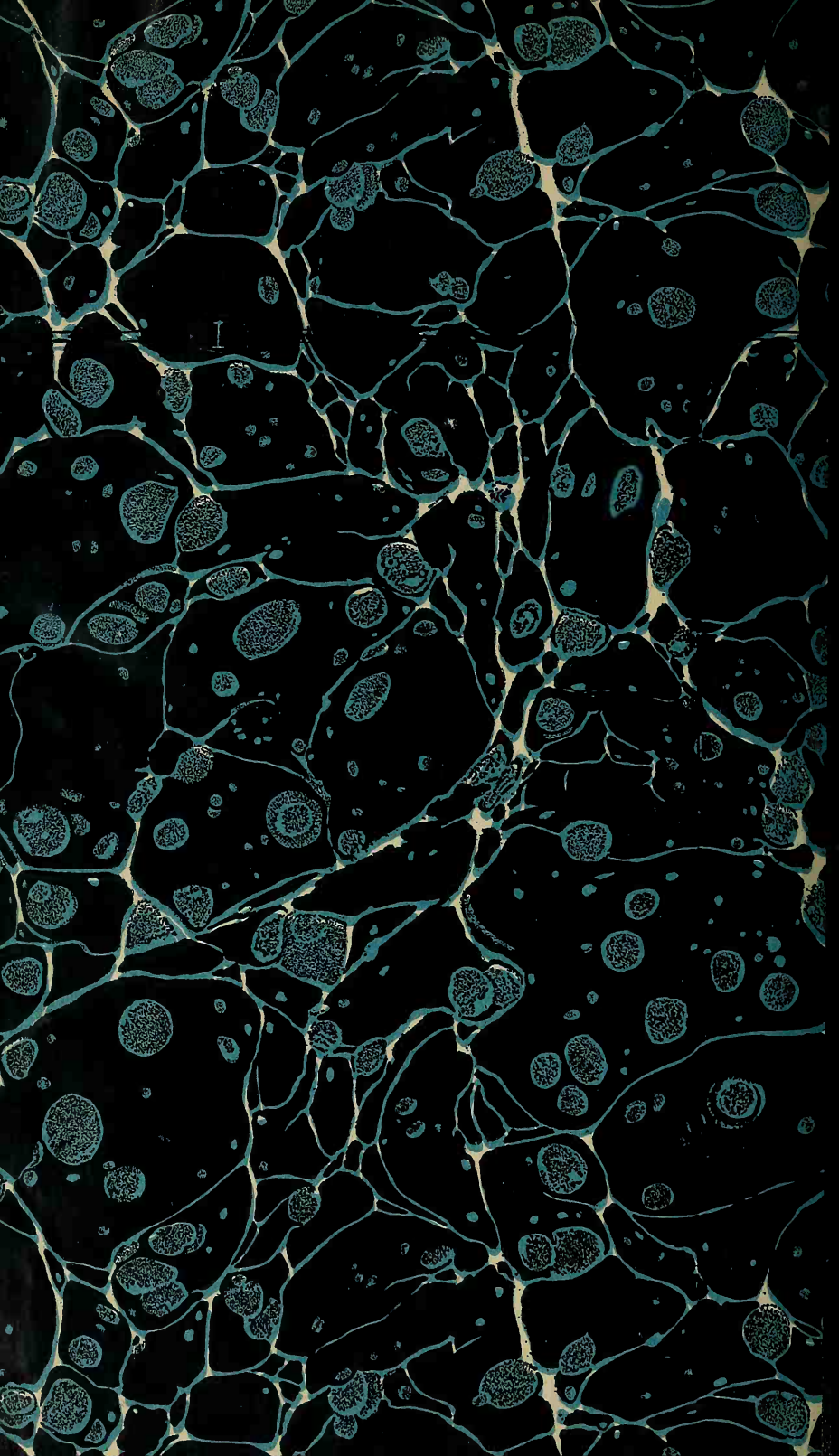
Penetrating Injuries to the Eye in Industrial Occupations. Frank Allport, M.D., *Safety Engineering*, February, 1924. Deals with a consideration of incidence of the occurrence; the method of treatment preparatory to the removal of foreign bodies; the removal and after-treatment, and the type of magnet to be used.

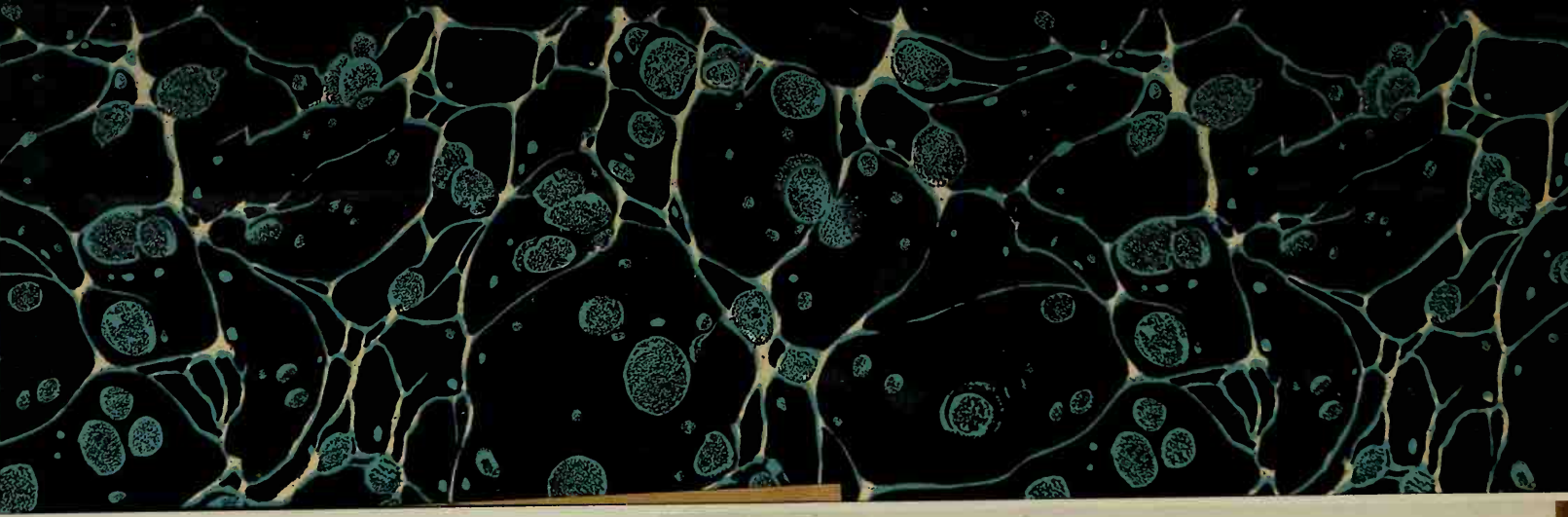
The Effect of Quantity and Quality of Illumination upon the Human Eye and Vision, Charles Sheard, M.A., Ph.D., *Safety Engineering*, February, 1924. "The fundamental principles of good lighting including quantity of light. The kinds and effects of glare. The quality of light and conditions to be avoided."

A number of articles by Frank Allport, M.D., appearing in recent numbers of *Safety Engineering* have been published in pamphlet form under the title, "Industrial Eye Accidents."

Hospital for Eye Diseases Planned, *The Modern Hospital*, April, 1924. "Plans are nearing completion for the new trachoma hospital to be erected at the United States Veterans Bureau Hospital, Pikeville, Kentucky. The hospital, which is the first of its kind to be built in the United States, will contain 60 beds. It will be used exclusively for trachoma patients and will have special fittings to enable patients to feel their way by foot. As far as it is possible, nothing will be touched with the hands. The walls, lights, and windows are to be of a color not injurious to the eyes. It will also have a research laboratory for specialists in trachoma and other eye diseases. The building will be two stories high."

Correction—"The Common Welfare," quoted by the February News Letter from *The Survey* of January 15, had an error in its data on Massachusetts. This should read: "Massachusetts has not recorded an instance of blindness from the infection (ophthalmia neonatorum) for five years."





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